

ENROLMENT FORM 2008 v1
STATISTICAL DATA



ENROLMENT FORM 2008 v1 - PERSONAL DETAILS

PLEASE PRINT CLEARLY, AS THIS IS THE NAME THAT WILL APPEAR ON YOUR CERTIFICATE.
A \$30 REPLACEMENT FEE APPLIES TO CERTIFICATES THAT NEED TO BE RE-ISSUED.

Title: _____ Last Name: _____

Given Name(s): _____

Sex M F Date of Birth: __/__/____ Tel Hm: _____ Tel Wk: _____

Tel Mob: _____ Email: _____

Address: _____ Suburb/Locality/Town: _____ Post code: _____

Mailing Address (if different from above):
_____ Suburb/Locality/Town: _____ Post Code: _____

Pre Training Review

Please tick

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| ❶ Do you already hold the qualification / competency to which you are enrolling? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ❷ Can you read and write English well? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ❸ Can you hold a conversation in English? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ❹ Do you have reasonable numeracy skills? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ❺ Do you require literacy or other learning assistance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ❻ Do you have a disability or special circumstance that requires assistance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ❼ This program is flexi-mode (increased home study/less class time).
Does this program suit your needs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ❽ Does this course / competency suit your desired employment outcome? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ❾ Have you read the training plan? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Criminal Check - Security Course Only

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| ❶ Have you been convicted of drug trafficking in the past 10 years? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ❷ Have you been convicted of assault in the past 10 years? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ❸ Have you been convicted of any offence (not traffic) which may make you
unfit to hold a crowd control or security guard licence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Signed: _____ Date: __/__/____

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1. ETHNICITY

Are you of Aboriginal or Torres Strait Islander Origin?
(tick one box) Yes No

2. BIRTHPLACE

Were you born in Australia? Yes No
If NO, Which country were you born in?

3. ARE YOU STILL ATTENDING SECONDARY SCHOOL?

Yes No

4. HIGHEST SCHOOL ACHIEVEMENTS SO FAR

What is your highest COMPLETED school level?

- Completed Year 12
- Completed Year 11
- Completed Year 9 or Equivalent
- Completed Year 8 or Lower
- Did not go to school

5. WHAT YEAR WERE YOU LAST AT SCHOOL? _____

6. WHERE ABOUTS WAS YOUR LAST SCHOOL? _____

7. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

- Full-time employee
- Part-time employee
- Self employed- not employing others
- Employer
- Employed- unpaid family worker
- Unemployed- seeking full-time work
- Unemployed- seeking part-time work
- Not employed- not seeking employment

8. LANGUAGE

Do you speak a language OTHER THAN ENGLISH at home?

(Tick one box) Yes No

If YES, which language _____

9. HOW WELL DO YOU SPEAK ENGLISH?

- Very well
- Well
- Not Well
- Not at all

10. DISABILITY

Do you consider yourself to have a permanent and significant disability?

(Tick one box) Yes No

If YES, then of the following categories, which BEST describes your current disability?

- Hearing
- Physical
- Mental Illness
- Intellectual
- Acquired Brain Impairment
- Visual/Sight/Seeing
- Medical Condition
- Other

11. Have you SUCCESSFULLY completed any of the following qualifications? Yes No

If YES, then tick ANY applicable boxes.

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate/Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Certificates other than the above

12. EMPLOYMENT

Of the following categories, which BEST describes your reason for undertaking this course?

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest
- For self development
- Other reasons

WHAT IS THE POST CODE WHERE YOU USUALLY LIVE?

IMPORTANT!!

Please check that you have answered all questions and completed all personal details